PTO/SB/0BA & PTO/SB/0BB (10-01)
Approved for use through 10/31/2002. OMB 0851-0031
Frademark Office; U.S. DEPARTMENT OF COMMERCE II 9 Palent and Tr

	Unde	r the Paperwork Reduct	tion Act o	f 1995, no persons are n	equired to respond to a collection of inform	ation unless it contains a valid OMB control number.	
10/24/2001 W&K Substitute for Form PTD-SB/GBA, which is a US PTD Substitute for form 1449APTD and 1449B/PTO				ich is a USPTD	Complete if Known		
					Application Number	10/573,057	
	SUPP	LEMENTAL			Filing Date	May 17, 2007	
INFORMATION DISCLOSURE		First Named	DAVID WILSON				
		EMENT BY			Inventor		
	SIAII	CINICIN I DI	AFF	LICANT	Art Unit	3743	
		(use as many she	eets as	necessary)	Examiner Name	John Corey Hall	
	Sheet	1	of	1	Attorney Docket	2960-97005	

Examiner Initials*	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear				
		5,233,766	08-10-1993	Frederiksen et al.	
	_				

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document Country Code*-NumberKind Code*-(if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columna, Lines, Where Relevent Passages or Relevent Figures Appear	Le
		 				_

OTHER ART - NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the Item (book, magazine, journal, serial, symposine, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where publisher.	Te	
			Т	
			+-	
			+-	
			┼	
			┼	

Examiner	Date
Signature	Considered

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

*Applicant's unique clatifical destignation marriser (optional). *See Kind Looks of USPTO Platent Documents at verw uspto gov or MPEP 501.(s). *Tenter Office the issued in the control of the control of

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, U.S. Patient and Trademark Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Petants, Washington, DC 20231.